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SEC Potential persons who are to respond to the collection of information 1972 (6-contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response... 1

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

		APR	03	2004
SEC	USE ON	ILY T	HOMS INAN	ON
Prefix		Serial <sup>6</sup>	INAN	سامان
DAT	E RECEI	VED		

Name of Offering ([] check if this i change.) Guardian Technologies I			nas changed, ar	nd indicate	- <b></b>
Filing Under (Check box(es) that apply):	[ ] <u>Rule 504</u>	[ ] <u>Rule 505</u>	[x ] <u>Rule 506</u>	[ ] Section 4(6)	[]ULOE
Type of Filing: [x] New Filing [	] Amendmen	t			
<b>A.</b>	BASIC IDENT	IFICATION DA	<b>TA</b>		_
1. Enter the information requested	about the issu	ıer		1,1), 1,15 115 115 115	
Name of Issuer [ ] (check if this is Guardian Technologies Internation		nt and name h	as changed, an	d indicate change	<del>.</del> .)

Address of Executive Offices (Number and Street, City, State, Zip Code) 21351 Ridgetop Circle, Suite 300, Dulles, Virginia 20166 Telephone Number (Including Area Code) (703) 654-6001

above	ness Operations (Number and Street, City, State, Zip Code) Same as ding Area Code) (if different from Executive Offices)
Brief Description of Busine Healthcare and aviation so	ess ecurity technology solutions software developer
Type of Business Organiz	ation
[x] corporation	[ ] limited partnership, already formed [ ] other (please specify):
[ ] business trust	[ ] limited partnership, to be formed
	Month Year
	of Incorporation or Organization: [0 ] [2 ] [9 ][6 ] [x ] Actual [ ] Estimated on or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction) [D ] [E ]

#### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this

form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[x] Promoter [x] Beneficial Owner	[ x ] Executive Officer	[x] Director [	] General and/o Managing Partner
Full Name (Last nam	ne first, if individual) Dis	haw, Robert A.		
	ce Address (Number and Streetle, Suite 300, Dulles, Virginia		de)	<del> </del>
Check Box(es) that Apply:	[x] Promoter [x ] Beneficial Owner	[x ] Executive Officer	[x ] Director [	General and/o Managing Partner
Full Name (Last nam	ne first, if individual) Tru	dnak, Michael W.		
	ce Address (Number and Street le, Suite 300, Dulles, Virginia 2		de)	
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[x ] Executive Officer	[x ] Director [	] General and/o Managing Partner
Full Name (Last nam	ne first, if individual) Lud	dwig, Walter		
	ce Address (Number and Streetele, Suite 300, Dulles, Virginia		de)	
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[x ] Director [	General and/o Managing Partner
Full Name (Last nam	ne first, if individual) Rep	oko, M. Riley		
	ce Address (Number and Streetle, Suite 300, Dulles, Virginia		de)	

Check Box(es) that Apply:	[ ] Promoter [ ] Benef Owne	_	Executive Officer	[ ] Director [ ]	General and/or Managing Partner
Full Name (Last name	e first, if individual)	Kennedy,	Sean W.		
	ce Address (Number and le, Suite 300, Dulles, Vir		State, Zip Code	e)	
Check Box(es) that Apply:	[ ] Promoter [ ] Benefi Owner	-	Executive Officer	[x ] Director [	General and/or Managing Partner
Full Name (Last name	e first, if individual)	William J	. Donovan		
	ce Address (Number and le, Suite 300, Dulles, Vir	-		<del>)</del> )	
Check Box(es) that Apply:	[ ] Promoter [x ] Bene Owne	•	] Executive Officer	[ ] Director [ ]	General and/or Managing Partner
Full Name (Last name	e first, if individual)	Max Tobii	1		<del></del>
	ce Address (Number and ue, Suite 614, Ontario, Ca	•	State, Zip Code	<del>)</del>	
(Use blank she	et, or copy and use ad	ditional cop	ies of this shee	et, as necessary	7.)
	B. INFORMATIO	N ABOUT C	FFERING		
1. Has the issuer solo offering?	, or does the issuer inter	nd to sell, to	non-accredited i	nvestors in this	Yes No
2 What is the minimu	Answer also in Appe im investment that will be	· ·			\$ 20,000
	permit joint ownership of	·	•		Yes No
4. Enter the information or indirectly, any commutation with sales of securities a broker or dealer regulatory or dealer. If me	on requested for each permission or similar remunds in the offering. If a perspistered with the SEC and ore than five (5) persons may set forth the information	erson who had deration for so son to be listed d/or with a st to be listed a	s been or will be plicitation of pure ed is an associa ate or states, lis are associated p	e paid or given, on the paid or given, or age ted person or age the name of the persons of such a	ection jent of e
Full Name (Last name	e first, if individual) Be	erthel Fisher	& Company Fin	ancial Services,	Inc.
Business or Residence 701 Tama Street, Ma	ce Address (Number and rion, Iowa 52302	Street, City,	State, Zip Code	e)	<u></u>
Name of Associated I	Broker or Dealer Bert	hel Fisher &	Company Finar	icial Services, In	c.

(Chec	ck "Al	l States"	or checl	c indiv	ridual	States	)	•••••		[	] All S	tates
[AL] [IL] X [MT] [RI]	[IN] [NE]	[AZ] [IA] X [NV] [SD] X	[AR] [KS] X [NH] [TN]	[CA] [KY] [NJ] [TX]	[NM]	[CT] [ME] [NY] [VT]	[DE] [MD] X [NC] X [VA] X	[DC] X [MA] [ND] X [WA]	[FL] X [MI] [OH] [WV]	[GA] [MN] X [OK] [WI]	[HI] [MS] [OR] [WY] X	[ID] [MO] X [PA] [PR]
Full N	ame (l	ast name	e first, if i	ndividu	al)							
Busin	ess or	Residenc	e Addres	s (Nur	nber aı	nd Stre	et, City,	State, Zip	Code)			_
Name	of Ass	sociated E	Broker or	Dealer	•							-
		ich Perso l States"						olicit Purc	hasers	[	] All S	tates
[AL]	[AK]		[AR]	[CA]	[CO		T] [D		] [FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[N	1E) [M	D] [MA	] [MI]	[MN]	[MS]	[MO]
[MT]	[NE]		[NH]	[NJ]	[NM]		IY] [N					[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[V	T] [V.	4] [WA	.] [WV	] [WI]	[WY]	[PR]
Full N	ame (L	.ast name	e first, if ir	ndividu	al)							_
Busin	ess or	Residenc	e Addres	s (Nun	nber aı	nd Stre	et, City,	State, Zip	Code)			•
Name	of Ass	sociated E	Broker or	Dealer	•							•
States	in Wh	ich Perso	n Listed	Has S	olicited	or Inte	ends to S	olicit Purc	hasers			
(Chec	k "Al	l States"	or check	indiv	idual	States	)	•••••		[	] All S	tates
[AL]	[AK]	• •	[AR]	[CA]	[CO		T] [D		] [FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	_	1E] [M	-		[MN]		[MO]
[MT] [RI]	[NE]	• -	[NH] [TN]	[NJ] [TX]	[NM] [UT]		Y]	•			[OR] [WY]	[PA] [PR]
	Use b	lank she	et. or co	ov and	l use a	dditio	nal copi	s of this	sheet, as	s necess	arv.)	•
												_
C.	OFFER	RING PRI	CE, NUN	IBER (	OF INV	ESTO	RS, EXP	ENSES A	ND USE	OF PRO	CEEDS	•
and the if the co	ie total transac lumns	amount a ction is an	already so exchange amount	old. En je offei	ter "0" ring, ch	if ansv eck th	ver is "no is box " a	n this offer ne" or "ze nd indicat exchange	ro." e in			•
[	ebt	Security							Of \$	Aggregate fering Pric	ce _ \$	int Already Sold
E	quity -	Units co-	nsisting (x ] Com			nd Wa referre			\$ <u>8,</u>	000,000	_ \$ <u>_19</u>	95,193.60

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

Convertible Securities (including warrants) (See above)	\$	\$ For Services
Partnership Interests	\$	\$
Other (Specify).	\$	\$ <u> </u>
Total	\$ 8,000,000	\$ <u>195,193.60</u>
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number	Aggregate Dollar Amount
A a see diffe at the containing	Investors	of Purchases
Accredited Investors	10	\$ <u>195,193.60</u>
Non-accredited Investors	0	\$0
Total (for filings under Rule 504 only)		
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering Rule 505	Type of Security	Dollar Amount Sold \$
Regulation A		 \$
Rule 504		\$
Total		\$ \$
		- T
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		] \$
Printing and Engraving Costs		x]\$ <u>5,000.00</u>
Legal Fees		x]\$ <u>20,000.00</u>
Accounting Fees		] \$
Engineering Fees		] \$
Sales Commissions (specify finders' fees separately)	-	x ]\$ <u>720,000.00</u>
Other Expenses (identify) Placement Agent's Expenses and fees	-	x] \$ <u>62,500.00</u>
Total	[	x]\$ <u>807,500.00</u>

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This

Payments to

difference is the "adjusted gross proceeds to the issuer." .....

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Officers, Directors, &	
	Affiliates	Others
Salaries and fees	[] \$	[] \$
Purchase of real estate	[] \$	[] \$
Purchase, rental or leasing and installation of machinery and equipment	[]	[] \$
Construction or leasing of plant buildings and facilities	[]	[] \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]	[x] \$ <u>1,850,000</u>
Repayment of indebtedness	[] \$	[x] \$ <u>770,000</u>
Working capital	[] \$	[x] \$ <u>2,422,500</u>
Other (specify): Product development, enhancement and marketing	[] \$	[x] \$ <u>2,100,000</u>
Patent application and processing	[] \$	[x] \$ <u>50,000</u>
Column Totals	[] \$	[] \$
Total Payments Listed (column totals added)	[x]\$ <u>7</u> ,	192,500

#### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Signature	Date March 30, 2004
Title of Signer (Print or Ty President and Chief Oper	
	Title of Signer (Print or T